



STATE OF MISSOURI
ELEMENTARY AND SECONDARY EDUCATION
**ELIGIBILITY DETERMINATION CHECKLIST FOR SEVERELY HANDICAPPED CONTRACTED
PLACEMENT REIMBURSEMENT FOR CHILDREN WITH OTHER DISABILITIES**

Please print all requested information.

Section I – Student Information

Student Name:

Last Name: _____ First Name: _____ MI _____ Birthdate: _____

District Name:

District Name: _____ District Code: _____

File Reviewed by:

Date Reviewed: _____

Section II – Summary of Required Documentation Review
(All documentation is required to complete review for reimbursement.)

Check and specify dates of each item reviewed. If any of the required documentation is missing, proceed to Section III and check the appropriate item in that section.

- ☐ IEP(s) dated _____
- ☐ Current Evaluation report dated _____
- ☐ Progress report or notes for the past 12 months included: _____

☐ LRE documentation (Complete after documentation reviewed):

- _____ the district considered educating the student in the public school program
- _____ the district identified supplementation aids and services that would be needed to educate the student in the public school program
- _____ the district articulated why they cannot provide an educational benefit to the student within the districts own program or another public school program.

Did the district provide services to the student? ☐ Yes ☐ No

If yes, a description of the educational setting in which the child was served by the district was submitted. ☐ Yes ☐ No

Section III – Eligibility Determination
(Complete after documentation reviewed)

Please Note: If you answered “yes” to Questions A or B, C, D, E and F, file is eligible for reimbursement.

☐ Eligible ☐ Not Eligible

☐ Reviewer requests a second review.

☐ Reviewer found the file not eligible for review for the following reason(s):

____ Documentation was outdated ____ The district failed to submit the documentation listed below. ____ Other (Please specify)

Section IV – Primary/Secondary Disability Categories

Child's primary disability:

- | | |
|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Deaf/Blindness | <input type="checkbox"/> Special Learning Disabilities |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Hearing Impairment and Deafness | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Visual Impairment/Blindness |
| <input type="checkbox"/> Learning Disability | List secondary disability category. <input type="checkbox"/> |

List secondary disability category. ☐ N/A or _____

Describe the ways and areas in which the child's disabilities are exceptionally pervasive and intense (explanation of why the school district believes the student is severely handicapped.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

What highly unique environment or methodologies are required to provide this child educational benefit?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

REVIEW OF THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Question C:

Current Placement:

The IEP reflects a student whose educational needs are not academic but functional in nature and commensurate with the student's abilities as reported in the evaluation report.

☐ YES ☐ NO

If "no", file is not eligible for reimbursement.

Comments: _____

Question D:

The IEP reflects the program modifications and/or supports that the child needs to ensure FAPE/benefit from their education.

☐ YES ☐ NO

If "no", does justification support why the district failed to attempt program with modifications and/or supports?

☐ YES ☐ NO

If "no" file is not eligible for reimbursement.

Comments: _____

REVIEW OF JUSTIFICATION FOR PRIVATE CONTRACTUAL SCHOOL PLACEMENT

The IEP Team considered educating the child in the LEA, including in the regular education classroom. (Specific statements of exactly what was considered and basis of rejection, supported statements that show specifically why the student would not benefit.)

☐ YES ☐ NO

IEP Team identified supplementary aids and services that would be needed to educate the child in the LEA. (Level of supports needed for student success clearly identified, including related services.)

☐ YES ☐ NO

Did the district consider educating the student through the public program?

☐ YES ☐ NO

If no, file is not eligible for reimbursement. If yes, what justification was provided for determining a public program (other than LEA) was not appropriate? _____

Level of supports needed for student success fall at the Pervasive level.

☐ YES ☐ NO

Evidence presented that indicates Extensive/Pervasive supports cannot be provided within the LEA.

☐ YES ☐ NO

IEP Team articulated why the LEA cannot serve the child in the LEA or other public placement that would benefit the child. (i.e., supportive statements that justify opinions, functional curriculum, harmful impact upon non-disabled students, lack of progress even with supplemental aids and services, limited benefit).

☐ YES ☐ NO

OVERVIEW OF JUSTIFICATION OF PLACEMENT STATEMENTS

Review evaluation report and document the required levels of intensity for supports and supports required for student in the areas listed below:

Question E:

Justification meets requirements for least restrictive environment. (All three LRE questions above are checked "yes".)

☐ YES ☐ NO

Comments:

Question F:

The Justification for Separate School placement is consistent with information provided in the student file, Evaluation Report, IEPs, progress information.

☐ YES ☐ NO

Comments:

Question G:

The file reflects a student whose educational needs are so exceptionally pervasive and intense as to be unable to provide educational benefit in any public program (including other districts, SBOPs, etc.)

☐ YES ☐ NO

If "no" file is not eligible for reimbursement.

Comments:
